

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year of birth of deceased is shown on
MARYLAND STATE DEPARTMENT OF HEALTH
 2411 N. Charles St., Baltimore 33
CERTIFICATE OF DEATH

03041

Reg. Dist. No. 2315

FILM No. I O 1 MAR 19 1946

1. PLACE OF DEATH:

County SticonicoCity or town Sharptown
 (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SticCity or town Sharptown
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Letitia E. Bailey

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Joseph T. Bailey7. Birth date of deceased (mo., day, yr.) Dec 2 1860-1861 6. (c) If alive, give age _____ years8. AGE: Years 85 Months 3 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Delaware
 (Town, county, and state)10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Joseph Howard13. Birthplace MDMOTHER 14. Maiden name Elizabeth Nichols15. Birthplace MD16. Informant Mary B. WalkerAddress Sharptown17. Burial (Burial, cremation, or removal, which) Burial Date thereof 3 9 1946
 (month) (day) (year)Cemetery or crematory Saylor'sLocation Sharptown18. Funeral director Gravenor BrosAddress Sharptown19. 3-8 1946 Walter E. Mann
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6 1946, at 6:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22 1946 to Mar 6 1946and that I last saw him alive on Mar 6 1946Immediate cause of death Emphysema

Due to _____

Due to _____

Other conditions Atherosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. E. Mann M. D. of other _____Address Sharptown MD Date signed 3/8/46

RECEIVED

MAR 11 1946

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

Reg. Dist. No.

03942

335

1. PLACE OF DEATH:

County Wicomico
 City or town Sharptown - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
Lansel Road
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Sharptown - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Lansel Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Laura Ball

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife David Ball
 7. Birth date of deceased (mo., day, yr.) September 29, 1884
 6. (c) If alive, give age — years
 8. AGE: Years 61 Months 5 Days 11 It less than one day — hrs. — min.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1946, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1943 to Mar 6 1946
 and that I last saw him live on Mar 5 1946

Immediate cause of death Carcinoma Stomach DURATION —

Due to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE H.S. Kuhlman M. D. or other —Address Sharptown Md Date signed 3/12/46

9. Birthplace Sussex County, Delaware
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home
 12. Name Henry Fooks
 13. Birthplace Sussex County, Delaware
 14. Maiden name Martha
 15. Birthplace Sussex County, Delaware
 16. Informant Mrs. Brooks Davis
 Address Sharptown, Maryland, R.F.D.
 17. Burial Date thereof March 12, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Shiloh Cemetery
 Location Near Sharptown Maryland
 18. Funeral director J. F. Frampton and Son
 Address Federalsburg, Maryland
 19. Mar 12 1946 Walter S. Mann
 (Date rec'd by registrar) Registrar

RECEIVED
MAR 13 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03043

Reg. Dist. No. 999

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

10 days - 20 hrs - 15 min

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Eden
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural 2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Banks Mrs. Mary

3. (b) Social Security Number

4. Sex Female5. Color or race W6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Victor O. Banks6.(c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) April 29, 18998. AGE: Years 46 Months 11 Days 22 If less than one day
.....hrs.min.9. Birthplace Worcester, W. Md.
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Perry Reese13. Birthplace Somerset, W. Md.14. Maiden name Bentley Rank15. Birthplace Worcester, W. Md.16. Informant Victor O. BanksAddress Eden, Md. R. D. 217. Burial Date thereof 4/2/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Methodist cemeteryLocation Frederick, Md.18. Funeral director The Hill, Johnson & Co.Address Salisbury, Md.19. 4/2 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 46, at 11 46 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 44 to March 31 19 46

and that I last saw him live on 19.....

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth J. Jones

M. D. or other

Address Salisbury, Md.Date signed 3-31-46

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APR 13 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

03044

Reg. Dist. No. 383

1. PLACE OF DEATH:

County Wicomico
City or town (Stanford town) Mr. Fruitland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
City or town (Stanford town) Mr. Fruitland
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie J. Barkley

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Orick Barkley

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 3 1852

8. AGE: Years 93 Months 3 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Eden, Maryland
(Town, county, and state)

10. Usual occupation House work

11. Industry or business _____

12. Name William Hyman

13. Birthplace Somerset County, Va

14. Maiden name Retta Christopher

15. Birthplace Somerset County, Va

16. Informant Rofie Stanford
Address Fruitland, Maryland

17. Burial Date thereof March 10th 1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Flowers Hill Cemetery

Location Eden, Maryland

18. Funeral director J. Edgar Thomas

Address Beloma, Virginia

19. 3/10 19 46 Harris E. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 7th 1946 at 12:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 46 to March 19 46
and that I last saw her alive on March 6 19 46

Immediate cause of death See Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lucas R. Pearson

M. D. or other _____

Address Catonsville, Md

Date signed 3-7-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Gramer
Sellingburg Pa

RECEIVED

APR 1 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *922*

CERTIFICATE OF DEATH

03046

Reg. Dist. No. *335*

1. PLACE OF DEATH:

County *Thomson*
 City or town *Sharptown*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *29 year*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *MD* County *Thomson*
 City or town *Sharptown*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Leola B. Bradley

3. (b) Social Security Number

4. Sex *M* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced *Married*
 6.(b) Name of husband or wife *Clara Bradley*
 7. Birth date of deceased (mo., day, yr.) *March 20-1912*
 6.(c) If alive, give age *66* years

8. AGE: Years *74* Months *—* Days *2* It less than one day
 hrs. min.

9. Birthplace *Shrewsbury Co. Del.*
 (Town, county, and state)

10. Usual occupation *Retail Merchant*

11. Industry or business *Flabious J. Bradley*

12. Name *Del.*

13. Birthplace *Emma R. Howard*

14. Maiden name *Del.*

15. Birthplace *Clara Bradley*

16. Informant *Sharptown MD*

Address *Burial*

17. (Burial, cremation, or removal, which?) Date thereof *3-24 1946*
 (month) (day) (year)

Cemetery or crematory *Fireman's*

Location *Sharptown*

18. Funeral director *Gravelon Bros*

Address *Sharptown*

19. *Mar 23* 194*6* *Walter H. Mason*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 22* 19*46*, at *11 a.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1942* to *May 22* 19*46*

and that I last saw him alive on *May 22* 19*46*

Immediate cause of death *Chronic*
Myocardial Infarction & Valvular
Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *H. B. Tophman* M. D. or other

Address *Sharptown MD* Date signed *3/23/46*

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MAR 26 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03047

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wilcomica
 City or town near Sharptown md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 years
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Wilcomica
 City or town Sharptown md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION) no
 2.(a) If veteran, name war no

3. (a) FULL NAME

Daniel I Brown
 4. Sex male 5. Color or race a.a. 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Bertie Brown
 7. Birth date of deceased (mo., day, yr.) yes B.(c) If alive, give age Don't know years
 8. AGE: Years about 55 Months Days It less than one day
 about 55 hrs. min.

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1946 at 9 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28 1946 to March 5 1946
 and that I last saw him alive on March 5 1946
 Immediate cause of death cerebral hemorrhage DURATION 6-7 days

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Laynard T. Webb M.D.
 Address Easton, md. Date signed 3/16/46
 M. D. or other

9. Birthplace Sharptown md
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Same as Above
 12. Name Daniel Brown
 13. Birthplace Wilcomica md
 14. Maiden name Mary Moore
 15. Birthplace Sharptown md
 16. Informant Mrs. Bertie Brown
 Address Sharptown md
 17. Burial Date thereof Mar 9, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Glen
 Location Sharptown md
 18. Funeral director James H. Stewart
 Address Salisbury md
 19. Mar 7 1946 Walter H. Brown
 (Date rec'd by registrar) Registrar

RECEIVED

MAR 12 1946

BUREAU U S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12876

03048

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Perinatal General Hospital
How long in hospital or institution? 15 hrs - 40 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Church, Annie

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female C Married

6. (b) Name of husband or wife Samuel Church

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 6, 1888

8. AGE: Years Months Days If less than one day
57 10 23 hrs. min.

9. Birthplace Wicomico, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Walter Hardy

13. Birthplace Wicomico, Maryland

MOTHER 14. Maiden name Emma J. Long

15. Birthplace Wicomico, Md

16. Informant Lucene Church

Address Salisbury, Md.

17. Burial Date thereof 4/4/46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Salisbury Cemetery

Location Salisbury, Md.

18. Funeral director David K. Meach

Address Belton, Md.

19. 4/4/46 19 46
(Date received by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/28 19 46 to 3/29 19 46
and that I last saw him/her alive on 3/29 46

Immediate cause of death Intestinal Obstruction

Due to Abdominal Adhesions

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Intestinal Obstruction

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Oliver Fisher, M.D.

Address Salisbury, Md. Date signed 4/6

RECEIVED

APR 13 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (147)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 6 months
 Hospital, institution, or street address where death occurred:
Delaware St. Salisbury, Md.
 How long in hospital or institution? 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Fourth St. Salisbury, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fourth Street
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

Esie Bivens Washell

3. (b) Social Security Number

4. Sex Female 5. Color or race aa 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Matthew Washell
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 9-2-1909
 8. AGE: Years 36 Months 6 Days 18 If less than one day _____ hrs. _____ min.
 9. Birthplace Chance, Somerset Co. Maryland
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business

12. Name John L. Bivens
 13. Birthplace Chance, Maryland
 14. Maiden name Edith Hall
 15. Birthplace Chance, Maryland
 16. Informant Thaddeus Bivens
 Address 1018 Delaware St. Salisbury, Md.
 17. Burial Date thereof Mar 24-1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Chance Cemetery
 Location Chance, Maryland
 18. Funeral director James F. Stewart
 Address 402 E. Church St. Salisbury, Md.
 19. 3/24/46 19 46
 (Date read by registrar) Registrar John

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20-46 19 46 at 8:50 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical to death
 and that I last saw alive on examine 19 46
 Immediate cause of death stab wounds of neck DURATION sudden death
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations none Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Homicide Date of 3/20/46
 Where did injury occur? Salisbury Wicomico MD
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) street
 Means of injury stabbed in neck injured at work? no
Salisbury, Md
 23. SIGNATURE John M. D. or other
 Address Salisbury, Md Date signed 3/22/46

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APR 13 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

03050

FILM No. I O 1 MAR 28 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County... WicomicoCity or town... Tyaskin
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... WicomicoCity or town... Tyaskin
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Jerome R. Deschield

3. (b) Social Security Number

4. Sex Male Color or race Wd. 5. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1869

6. (c) If alive, give age..... years

8. AGE: Years 76 Months 77 Days 6 If less than one day 20 hrs. min.9. Birthplace... Tyaskin, Wicomico, Md.
(Town, county, and state)10. Usual occupation... Retired minister

11. Industry or business

12. Name... Jerome Deschield13. Birthplace... MD14. Maiden name... Don't know

15. Birthplace

16. Informant... L. Clinton DeschieldAddress... Tyaskin MD17. (Burial, cremation, or removal. Which?) Burial Date thereof... Mar. 14, 1946
(month) (day) (year)Cemetery or crematory... Tyaskin MDLocation... Tyaskin Church18. Funeral director... L. E. MessiasAddress... Bira Ave MD19. 310 19 46 R. M. Wolford Walter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Mar. 14, 1946 at 5:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 19 46 to March 10 19 46 and that I last saw him alive on March 10 19 46Immediate cause of death... Carcinoma of stomach

Due to.....

Due to.....

Other conditions... arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... William FurrielAddress... Helron, Md Date signed March 14, 1946

M. D. or other



Copy sent to Co. H.O. 3/22/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

03051

Reg. Dist. No. 333

1. PLACE OF DEATH: County <u>Wicomico</u> City or town <u>Salisbury</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>15 mi.</u> Hospital, institution, or street address where death occurred: <u>Chase Free Hospital Salisbury Md</u> How long in hospital or institution? <u>15 min</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Worcester</u> City or town <u>Snow Hill Rural #3</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war <u>70</u> ✓			
3. (a) FULL NAME <u>Leslie Wilson Disharoon</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>male</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Clara Disharoon</u>				6. (c) If alive, give age <u>57</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Dec 21 1894</u>				8. AGE: Years <u>57</u> Months <u>2</u> Days <u>9</u> If less than one day _____ hrs. _____ min.			
9. Birthplace <u>Snow Hill Md</u> (Town, county, and state)				10. Usual occupation <u>Farmer</u>			
11. Industry or business <u>Own Farm</u>				12. Name <u>Leslie B. Disharoon</u>			
13. Birthplace <u>Snow Hill Md</u>				14. Maiden name <u>Mary E. Carnean</u>			
15. Birthplace <u>Snow Hill Md</u>				16. Informant <u>Clara Disharoon</u> Address <u>Snow Hill Md Rural #3</u>			
17. Burial (Burial, cremation, or removal) <u>Which?</u> Date thereof <u>March 5, 46</u> Cemetery or crematory <u>Bates Methodist</u> Location <u>Snow Hill Md</u>				20. DATE OF DEATH <u>March 2</u> 19 <u>46</u> at <u>3:45 P.M.</u>			
18. Funeral director <u>Hearme & Son</u> Address <u>Snow Hill Md</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____ Immediate cause of death <u>Bullet wound in head</u> DURATION <u>3 hrs.</u>			
19. (Date rec'd by registrar) <u>3/5</u> 19 <u>46</u> Registrar <u>Leslie B. Disharoon</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>suicide</u> Date of <u>March 2, 46</u> Where did injury occur? <u>Snow Hill Worcester Md</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?) <u>Home</u> Means of injury <u>Rifle wound</u> Injured at work? <u>no</u>			
23. SIGNATURE <u>John L. Riley Dep Med Exam</u> Address <u>Snow Hill Md</u> Date signed <u>3/2/46</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically. Major findings of operations _____ Date of op. _____ Autopsy results _____			

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100

RECEIVED

APR 1 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 152

CERTIFICATE OF DEATH

03052
Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
R.D. #4
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. #4
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Mary Elizabeth Dixon

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced WidowedB. (b) Name of husband or wife Edward H. Dixon7. Birth date of deceased (mo., day, yr.) Nov. 10-1857 8. (c) If alive, give age Dead years8. AGE: 88 Years 4 Months 3 Days If less than one day hrs. min.9. Birthplace R.D. #4 Salisbury Md.
(Town, county, and state)10. Usual occupation Home m11. Industry or business at Home12. Name William Matthews13. Birthplace R.D. #4 Salisbury Md.14. Maiden name Sallie Coulbourn15. Birthplace R.D. #4 Salisbury Md.16. Informant Mr. Edward I. Dixon (son)Address R.D. #4 Salisbury Md.17. Buried Date thereof March 14-46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Dixon Family Cem.Location R.D. #4, Edward H. Dixon Farm18. General director Holloman & Co. Walter R. HollomanAddress Salisbury Maryland19. 3/14/46 Registrar Harriet E. Johnson

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12th 1946 at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 19 Mar 12 19 46and that I last saw him alive on Mar 11th 1946Immediate cause of death Chromocardiitis DURATION 2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Holloman M. D. or otherAddress Salisbury, Md. Date signed 3/14/46

UNITED STATES DEPARTMENT OF JUSTICE

STATE TO TRANSFERED

RECEIVED

APR 15 1946

BUREAU V.S.

STATE OF NEW YORK

IN SENATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03053

Reg. Diat. No. 333

1. PLACE OF DEATH:

County Washington

City or town Schickau, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Schickau, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New York County ...

City or town Assisung
(If outside city or town limits, write RURAL and give nearest town)

Street No. Cedar Lane, Not ams
(If rural, give LOCATION)

2.(a) If veteran, name war World War II

3. (a) FULL NAME

Fitzgerald, Mr. Thomas W

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

8.(b) Name of husband or wife Edw. Baldwin Fitzgerald

6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1900.

8. AGE: Years 45 Months 4 Days 9 If less than one day hrs. min.

9. Birthplace Greensboro, North Carolina
(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business Electrician

12. Name F. J. Fitzgerald

13. Birthplace North Carolina

14. Maiden name Marie Fitzgerald

15. Birthplace North Carolina

16. Informant Mrs. Thomas W. Fitzgerald

Address Assisung, New York.

17. Burial Date thereof 3/5/46.
(Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory Union Cemetery, Md.

Location Union Cemetery, Md.

18. Funeral director W. H. & J. H. O.

Address Schickau, Md.

19. 3/11/46 1946 Registrar Barrett E. Johnson

(Date read by registrar)

3. (b) Social Security Number

113-09-5804

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical to death

and that I last saw him alive on certified 1946

Immediate cause of death accidental suffocation

Other conditions ...

Due to ...

Due to ...

Other conditions ...

(Include pregnancy within 3 months of death)

Major findings of operations none

Anteopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3-8-46

Where did injury occur? Salisbury, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Tourist cabin

Means of injury cigarette Injured at work? No

23. SIGNATURE Barrett E. Johnson M. D. or other

Address Schickau, Md. Date signed 3/8/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 1 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03054

CERTIFICATE OF DEATH

Reg. Dist. No. 933

1. PLACE OF DEATH:

County... Wicomico
 City or town... Salisbury, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 1/8/46
 Hospital, institution, or street address where death occurred:
E. S. Tuberculosis Sanatorium
 How long in hospital or institution? Since 1/8/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Hurlock, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... ☒

3. (a) FULL NAME

GIBSON, NORA

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Hanford Gibson
Deceased 6.(c) If alive, give age years
 7. Birth date of Oct. 15, 1875
 deceased (mo., day, yr.)
 8. AGE: Years 70 Months 5 Days 11 It less than one day
 hrs. min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Housework

11. Industry or business

FATHER 12. Name William Eaton
 13. Birthplace New York State

MOTHER 14. Maiden name Mary Stevens
 15. Birthplace Unknown

16. Informant self
 Address

17. Burial Date thereof March 29, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hill Crest Cemetery
Federalburg, Maryland
 Location

18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland

19. 3/29 19 46 Harriet E. Johnson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 19 46 at 1 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1/8/46 19 46 to 3/26/46 19 46
 and that I last saw him/her alive on 3/26/46 19 46

Immediate cause of death Pulmonary Tuberculosis
 DURATION 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Paul Chen M. D. or other

now Hill, Maryland Date signed 3/26/46
 Address

22 APR 46

31 31 16

20 10 22

RECEIVED

APR 13 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 782

03055

CERTIFICATE OF DEATH

Reg. Dist. No. 399

1. PLACE OF DEATH: *Wicomico*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *21*
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME *Mary H. Gordy*

3. (b) Social Security Number
214-03-1481

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widow*
6. (b) Name of husband or wife *Frank R. Gordy*
7. Birth date of deceased (mo., day, yr.) *Dec 6, 1874* 8. (c) If alive, give age..... years
8. AGE: Years *71* Months..... Days..... It less than one day..... hrs. min.

9. Birthplace *Wicomico Co.*
(Town, county, and state)
10. Usual occupation *Shoe factory*
11. Industry or business *Shoe mfg*
12. Name *Ephraim Dennis*
13. Birthplace *md.*
14. Maiden name *Mary Ann Dennis*
15. Birthplace *md.*

16. Informant *Nazel Gordy*
Address *Wicomico Md*
17. *Burial* Date thereof *March 1946*
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory *New Hope*
Wicomico Md.
Location.....

18. Funeral director *M. Pasha Watson*
Address *Silphville, Del.*

19. *3/4* 19*46* Registrar *Barrett E. Jones*
(Date rec'd by registrar) (month) (day) (year)

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 2*, 19*46*, at *1:15 P.* M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dec 1, 1945* to day of death *March 2, 1946*
and that I last saw him alive on *March 1, 1946*.

Immediate cause of death *Bronchitis-pneumonia* DURATION *2 days*
Due to.....
Due to.....
Other conditions *Myocarditis* *Chf.*
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?
23. SIGNATURE *Frank R. Jones M.D.*
M. D. or other
Address *Wicomico Md.* Date signed *3-2-46*

RECEIVED BY MAIL

STATE OF TEXAS

IN THE DISTRICT COURT OF THE

ROBERT J. GUNTER, JR.

RECEIVED
APR 1 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WilcomicaCity or town Salisbury md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred: noHow long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County WilcomicaCity or town Salisbury md
(If outside city or town limits, write RURAL and give nearest town)Street No. 501 Poplar Hill ave
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

William Gray4. Sex male 5. Color or race a a 6.(a) Single, married, widowed, or divorced single6.(b) Name of husband or wife no6.(c) If alive, give age no years7. Birth date of deceased (mo., day, yr.) about 18888. AGE: Years Months Days It less than one day
about 58 hrs. min.9. Birthplace Salisbury md
(Town, county, and state)10. Usual occupation Salisbury md11. Industry or business Laborer12. Name Major Gray13. Birthplace Salisbury md14. Maiden name Belle Dixon15. Birthplace Salisbury md16. Informant Maranda DixonAddress Salisbury md17. Burial Date thereof March 20 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory HoustonLocation Salisbury md18. Funeral director Jamie StewartAddress Salisbury md19. 3/30 19 46 Registrar
(Date rec'd by registrar)

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 19 46 at M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb-20 19 46 to Feb. 20 19 46and that I last saw him alive on Feb. 20 19 46Immediate cause of death Cerebral hemorrhageDue to Hypertension andDue to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George L. Smith M. D. or otherAddress Salisbury md Date signed 3-20-46

RECEIVED

APR 15 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(702)

03057

FILM No. I O 1 APR 29 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 933

1. PLACE OF DEATH:

County Worcester

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Salisbury R.F.D. Ocean City highway

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Ocean City, Md. R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harold Mrs. Isaac McKinley

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 28, 1927

6. (c) If alive, give age years

8. AGE: Years 18 Months 19 Days 19 If less than one day hrs. min.

9. Birthplace Selbyville, Sussex Co. Del.
(Town, county, and state)

10. Usual occupation Suburban

11. Industry or business

12. Name Joseph H. Hall

13. Birthplace Selbyville, Del.

14. Maiden name Anna

15. Birthplace Berlin, R.F.D.

16. Informant Lovella Magee

Address Selbyville, Del.

17. Burial Date thereof 4/3/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Odd Fellows

Location Berlin, Md.

18. Funeral director Anna A. Bumbay

Address Berlin, Md.

19. 4/3 4/6 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 19 46 at 6:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 2x 19

Immediate cause of death hemorrhage

Due to severe left ventricular & jugular

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3/31/46

Where did injury occur? Salisbury, Worcester, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Hit and run Injured at work? no

23. SIGNATURE Dr. Rademaker MD
Asst. M.D. Bramer

Address Salisbury, Md. Date signed 3/31/46

RECEIVED

APR 13 1946

BUREAU V.S.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9424

03058

FILM No. I O 1 APR - 9 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County... Wicomico
City or town... Salem Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? few hours
Hospital, institution, or street address where death occurred:
How long in hospital or institution? few hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Worcester
City or town... Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No... P.O. Delmery
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME

Harmon, Fred.

3. (b) Social Security Number

228-24-1065-

4. Sex M 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
8.(b) Name of husband or wife Sarah Doughty Harmon
7. Birth date of deceased (mo., day, yr.) Sept. 1. 1893. 6.(c) If alive, give age... years
8. AGE: Years 53 Months 50 Days 50 If less than one day... hrs. ... min.

9. Birthplace Jamesville Northampton CO. Va.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Edmond Harmon
13. Birthplace Jamesville Va.
14. Maiden name Lina Bailey
15. Birthplace Accomack Co. Va.

16. Informant Edmond Harmon
Address Berlin Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof March 19. 1946
(month) (day) (year)
Cemetery or crematory Greeneyer
Location ward town Virginia

18. Funeral director Alfred H. Ames
Address Melfa Virginia

19. 3/19/46 20. Barclay B. Johnson
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16 19 46 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 16 19 46
and that I last saw him alive on 3/16 19 46

Immediate cause of death Coronary occlusion
DURATION 1 hour

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op...

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Padema R. M.D.
Deputy Medical Examiner
M. D. or other

Address Salisbury, Md Date signed 3/16/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 1 1946

BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

03059

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Union

City or town Salisbury, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

General Hospital

How long in hospital or institution? 3 da. 21 hr. 15 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)

Street No. no
(If rural, give LOCATION) no

2.(a) If veteran, name war no

3.(a) FULL NAME

Ernest Henry

3.(b) Social Security Number

216-09-5901

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced S

8.(b) Name of husband or wife no

7. Birth date of deceased (mo., day, yr.) Apr 26 1902

8. AGE: Years 44 Months 7 Days 10 If less than one day no
.....hrs.min.

9. Birthplace Berlin, Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Same as above

12. Name Ernest Henry

13. Birthplace Berlin, Md

14. Maiden name Julia A. Smalk

15. Birthplace Berlin, Md

16. Informant Elisia Henry

Address Berlin, Md

17. Burial Date thereof Mar 13-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin, Md

18. Funeral director James H. Stewart

Address no

19. 3/13/46 Registrar no

(Date rec'd by registrar) 19 46

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1946 to March 10 1946 and that I last saw him alive on March 10 1946

Immediate cause of death coronary occlusion

Due to Possible embolism

Due to acute gangrenous appendicitis

Other conditions no

(Include pregnancy within 3 months of death)

Major findings of operations acute gangrenous appendicitis Date of op. 3/16/46

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lafayette W. H. H. H.

M. D. or other no

Address Salisbury, Md

Date signed 3/13/46

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 1 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03660

Reg. Dist. No. 323

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

203 Cross Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 203 Cross Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Maudie Ida Hobbs

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, or divorced married6. (b) Name of husband or wife Wilmer J. Hobbs6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) May 30, 18898. AGE: Years 56 Months 9 Days 27 If less than one day

.....hrs.min.

9. Birthplace Worcester County Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business At home12. Name George Clifford Bell13. Birthplace Worcester County Maryland14. Maiden name Annie E. Booth15. Birthplace Worcester County Maryland16. Informant Mrs. Wilmer J. HobbsAddress 203 Cross Street, Salisbury, Md.17. Burial Date thereof April 1, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Garsons CemeteryLocation Salisbury, Maryland18. Funeral director W. C. Walker & SonAddress Salisbury, Maryland19. 4/1/46 19. 4/1
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1946, at 9:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/6 1946, to 3/27 1946.and that I last saw her alive on 3/25 1946.Immediate cause of death Carcinoma of Uterus RecurrentDURATION months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of UterusDate of op. 3/6/46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Oliver T. Frazier, M.D.Address Salisbury, Md. Date signed 3/28/46

APR 13 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico
City or town Mardela Springs - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred:
San Domingo
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
City or town Mardela Springs - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. San Domingo
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

W. Shockley Hotten

3. (b) Social Security Number

212-16-7536

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Coila May Hotten
6.(c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) February 13, 1888
8. AGE: Years 58 Months 1 Days 18 If less than one day
.....hrs.min.

9. Birthplace Sussex County, Delaware
(Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business Farm

12. Name David Hotten

13. Birthplace Virginia

14. Maiden name Olelia Brown

15. Birthplace Wicomico County, Maryland

16. Informant Mrs. Coila May Hotten

Address Mardela Springs, Md. R.F.D.

17. Burial Date thereof April 3, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory San Domingo Cemetery

Location Near Sharptown, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalburg, Maryland

19. Apr - 3 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 31 19 46 at 6:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11 - 19 46 to Mar. 31 19 46
and that I last saw him alive on Mar. 31 19 46

Immediate cause of death

Dilatation of heart
Due to Coronary artery
Due to

Other conditions Bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred C. J... M. D. or other

Address Mardela Date signed 3/31/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03061

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APR 5 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 126

03129

CERTIFICATE OF DEATH



Reg. Dist. No. 233

1. PLACE OF DEATH:
 County... Wicomico
 City or town... Salisbury, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since March 6, 1946
 Hospital, institution, or street address where death occurred:
E. S. Tuberculosis Sanatorium
 How long in hospital or institution? Since March 6, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Worcester
 City or town... Bishops
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war

3. (a) FULL NAME
Hudson, Elisha

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Gladys V. Hudson
 6. (c) If alive, give age 37 years
 7. Birth date of deceased (mo., day, yr.) Sept. 4, 1905
 8. AGE: Years 40 Months 6 Days 18 It less than one day hrs. min.

9. Birthplace... Williamsville, Del.
 (Town, county, and state)
 10. Usual occupation Tavern Operator
 11. Industry or business
 FATHER 12. Name Walter Hudson
 13. Birthplace Delaware
 MOTHER 14. Maiden name Clara Collins
 15. Birthplace Delaware

16. Informant Self
 Address

17. Burial Date thereof March 24, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bishopville, Md.
 Location Bishopville, Md.
 18. Funeral director Mr. Pasha Watson
 Address Selbyville, Del.

19. 3/24/46 19 46 W. B. Wright Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 22, 1946 at 5:30a M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 6, 1946 to March 22, 1946
 and that I last saw him alive on March 22, 1946

Immediate cause of death... Pulmonary Tuberculosis DURATION 3 mo
 Due to
 Due to
 Other conditions Diabetes Mellitus 8 yr
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... Paul M. D. or other
 Address Know Hill, Md. Date signed 3/26/46

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APR 13 1946

BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

03045

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 1/2 years
Hospital, institution, or street address where death occurred:
115 Cooper Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 115 Cooper Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Hudson Mrs. Mary Bell

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced ✓

6. (b) Name of husband or wife Martin Luther Hudson

7. Birth date of deceased (mo., day, yr.) Feb. 6th 1883 6. (c) If alive, give age 74 years

8. AGE: Years 63 Months 1 Days 16 It less than one day hrs. min.

9. Birthplace Chincoteague Virginia
(Town, county, and state)

10. Usual occupation Home Wf

11. Industry or business at Home

12. Name James Edward Cropper

13. Birthplace Succy S. Delaware

14. Maiden name Martha Jones

15. Birthplace Chincoteague Virginia

16. Informant Mrs. Laura Jester

Address 61 Church St. Chincoteague Va

17. Burial (Burial, cremation, or removal. Which?) Buried Date thereof March 25-46
(month) (day) (year)
Cemetery or crematory Persons Care

Location Salisbury Maryland

18. Funeral director Hollings H.G. Walter R. Hollings

Address Salisbury Md.

MEDICAL CERTIFICATION
20. DATE OF DEATH 3/22 19 46 at 11 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h. alive on medical certificate 19

Immediate cause of death Drowning

Due to Sudden death

Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations none

Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 3/22/46
Where did injury occur? Salisbury (County) Wicomico (State) MD

Injured at home, farm, industry, public place (where?) Home
Means of injury slipped & fell into bathtub Injured at work? No

23. SIGNATURE Harriet B. Johnson M. D. or other Registrar
Address Salisbury, Md. Date signed 3/22/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 13 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03062

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Salisbury
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
P.B. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State Md. County Salisbury
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 220. Winder St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John Thomas Jenkins

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Mary Helen Jenkins

7. Birth date of deceased (mo., day, yr.) June 26-1887 6. (c) If alive, give age 56 years

8. AGE: 58 Years 8 Months 25 Days If less than one day hrs. min.

9. Birthplace Salisbury Md.
(Town, county, and state)

10. Usual occupation Flower Garden Mail

11. Industry or business Denise Jenkins

12. Name Denise Jenkins

13. Birthplace St. Marys County Md.

14. Maiden name Martha Malone

15. Birthplace Salisbury Md.

16. Informant Mrs. Mary H. Jenkins

Address 220. Winder St. Salisbury Md.

17. Buried Date thereof Mar 24-46
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematorium Bethel Church Cem.

Location Salisbury Md.

18. Informant William C. Walter R. Walter

Address Salisbury Md.

19. 3/24/46 19. 46
(Date rec'd by registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH March 21-46 19. 46 at 12:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 19. 46 to March 21 19. 46
and that I last saw him alive on March 20 19. 46

Immediate cause of death atelectasis of lung & pneumonia
Due to chronic obstructive

DURATION 5 days
8 mos

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations chronic calc. cholecystitis

Date of op. 3/16/46

Autopsy results see above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: X

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE LaRademaker M.D. or other

Address Salisbury Md. Date signed 3/23/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 13 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WorcesterCity or town Bridgewater
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Johnson - Mr. Robert Franklin

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced widower6. (b) Name of husband or wife Mary Johnson7. Birth date of deceased (mo., day, yr.) Sept 30, 1866 6. (c) If alive, give age _____ years8. AGE: Years 79 Months 5 Days 24 If less than one day _____ hrs. _____ min.9. Birthplace Berlin Md.
(Town, county, and state)10. Usual occupation Sawyer

11. Industry or business

12. Name Robert Johnson13. Birthplace Md.14. Maiden name unknown15. Birthplace Md.16. Informant Mrs. Edw. CollinsAddress Bridgewater Md17. (Burial, cremation, or removal, Which?) Burial Date thereof 3/31/46
(month) (day) (year)Cemetery or crematory Odd FellowsLocation Bridgewater Md18. Funeral director Bruce A. BushAddress Berlin Md19. 3/31 19. 46 Harriet B. Johnson Registrar
(Date recd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 - 19 46 at 2 1/2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____
and that I last saw him alive on March 28 19 46

Immediate cause of death

cardiac failure
uremia
arteriosclerosis
benign prostatic hypertrophy

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert E. LaRue M. D. or otherAddress Salisbury, Md Date signed 3/31/46

03063

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APR 13 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1172

03064

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Princeton
County Salisbury
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution or street address where death occurred:
P.O. #2
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newly born infants give residence of mother)
State MD County Princeton
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. P.O. #2
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME Kelley, Newell Lankford 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Katherine Helen Kelley
6. (c) If alive, give age 33 years
7. Birth date of deceased (mo., day, yr.) Nov. 12-1905
8. AGE: Years 40 Months 4 Days 8 If less than one day
hrs. min.

9. Birthplace near Princeton Md (Princeton County)
(Town, county, and state)
10. Usual occupation
11. Industry or business

12. Name Robert J. Kelley
13. Birthplace P.O. Princeton Md.
14. Maiden name Bertha Blanche Pope
15. Birthplace P.O. Princeton Md.

16. Informant Mrs. Katherine H. Kelley
Address P.O. #2 Salisbury Md.
17. Burial (Burial, cremation, or other, which) Burial Date thereon March 22-46
(month) (day) (year)

Cemetery or crematorium Parsons Cem.
Location Salisbury Maryland
18. Funeral director Walter R. Hollings
Address Salisbury Maryland

19. 3/22/46 (Date rec'd by registrar) Registrar Walter R. Hollings

MEDICAL CERTIFICATION
20. DATE OF DEATH 3/20 19 46 at 8:30 AM
I CERTIFY that death occurred on the date above stated; that I attended deceased from death to death
and that I last saw him alive on at 19 46

Immediate cause of death Gastric Hemorrhage DURATION sudden death
Due to Not due to cancer;
Due to gastric ulcer, 2 yrs.
Due to Duration: 8 months

Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations None Date of op.

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

21. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Cause of injury Injured at work?

23. SIGNATURE LaRademaker MD
Physician M. D. or other
Address Salisbury, Md Date signed 3/20/46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STANDARD TELEPHONE AND TELEGRAPH COMPANY

STANDARD TELEPHONE AND TELEGRAPH COMPANY

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APR 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14

CERTIFICATE OF DEATH

Reg. Dist. No. 323

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
E. S. Tb. Sanatorium, Salisbury, Md.
 How long in hospital or institution? Admitted 3/9/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 501 Camden Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

LAWS, Ralph Purnell

3. (b) Social Security Number

215-14-3234

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.) May 6, 1923

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

22

10

4

.....hrs.min.

9. Birthplace

Salisbury, Maryland

(Town, county, and state)

10. Usual occupation

shipping clerk

11. Industry or business

FATHER

12. Name

Percy Twilley Laws

13. Birthplace

Maryland

MOTHER

14. Maiden name

Grace Pauline Haddock

15. Birthplace

Delaware

16. Informant

Address

Mr. Percy J. Laws
501, Camden Ave. Salisbury, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

March 13-46

Cemetery or crematory

Hebron Cem.

Location

Hebron Maryland

18. Funeral director

Address

Hillman & Co. Walter R. Hillman
Salisbury Maryland.

19.

(Date rec'd by registrar)

19

46

by

Walter R. Hillman

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March1019466:55 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 81946to March 101946

and that I last saw him alive on

March 101946

Immediate cause of death

Tb. Meningitis

DURATION

IllnessbeganApril1942

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Chen

M. D. or other

Address

Snow Hill, Maryland Date signed 3/12/46

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APR 1 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

Reg. Dist. No. 03067 333

1. PLACE OF DEATH:

County Washington
 City or town Greenery Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Reverend General Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Monie
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Lawsen, Mr Edgar W.

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Mrs Angie Lawson
 7. Birth date of deceased (mo., day, yr.) July 11, 1871
 6. (c) If alive, give age 72 years
 8. AGE: Years 74 Months Days If less than one day
 hrs. min.

9. Birthplace Monie, Somerset Md
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business Truck Farming

12. Name George Lawson

13. Birthplace Monie Md.

14. Maiden name Emily Sterling

15. Birthplace Crisfield Md

16. Informant Mrs. William F. Miller

Address Princess Anne Md.

17. Burial Date thereof March 26, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Juniors Cemetery

Location Ortola Md.

18. Funeral director Charles Dashiell

Address Princess Anne Md.

19. 3/24/46 Registrar Barry E. Johnson
 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23 19 46, at 11:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/14 19 46, to 3/23 19 46
 and that I last saw her alive on 3/23 19 46

Immediate cause of death Chl. Myocarditis
Building Edema

Due to

Due to

Other conditions Intestinal Obstruction
 (Include pregnancy within 3 months of death)

Major findings of operations Intestinal Obstruction
 Date of op. 3/24/46

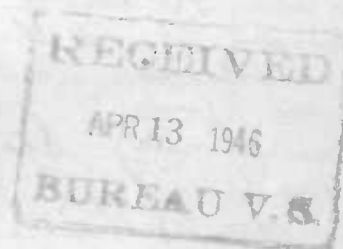
Autopsy results ✓
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ✓ Date of 3/23/46
 Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE Dr. M. G.
 M. D. or other

Address 3/24/46 Date signed 3/24/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1350

CERTIFICATE OF DEATH

Reg. Dist. No. 233

1. PLACE OF DEATH:

County Wilcomica
City or town Salisbury Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wilcomica
City or town Salisbury Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 524 Fawcetta St
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Mary Leonard

3. (b) Social Security Number

no

4. Sex female 5. Color or race a.a. 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife Frank Leonard

Dead 6.(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) about 1877

8. AGE: Years about 69 Months — Days — If less than one day — hrs. — min.

9. Birthplace Greenwood Del.
(Town, county and state)

10. Usual occupation House wife

11. Industry or business Same as above

12. Name Eddie Stewart

13. Birthplace Greenwood Del

14. Maiden name unknown

15. Birthplace unknown

16. Informant Mrs. Essie Shackley

Address Salisbury Md

17. Burial Date thereof Mar 28 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington

Location Salisbury Md

18. Funeral director James Stewart

Address Salisbury Md

19. 3/28 19 46 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 19 46 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12 19 46 to March 25 19 46 and that I last saw him alive on March 25 19 46

Immediate cause of death Left Ventricular failure

Due to Renal Hypertension

Due to glomerulonephritis

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE J. F. Farnell, M.D.

Address 800 W. Main St. Salisbury Md Date signed 3-26-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15-1872E

RECEIVED
APR 13 1946
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Bla

03069

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: McCombs
 County Salisbury
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution or street address where death occurred:
R.D. #4. (Ocean City Road)
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State md. County McCombs
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D. #4.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Joseph S. Lynch

3. (b) Social Security Number

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Bessie H. Lynch
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) April 27-1859
 8. AGE: Years 86 Months 10 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace R.D. Pittsville Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name William Lynch

13. Birthplace R.D. Pittsville Md.

14. Maiden name Sarah Fennia Wells

15. Birthplace R.D. Pittsville Md.

16. Informant Mr. Bessie H. Lynch

Address R.D. #4. Salisbury Md.

17. Burial Bethel Church Cem.

(Burial, cremation, or removal. Which? Date thereof March 20-46) (month) (day) (year)

Cemetery or crematory New Pittsville Md.

Location Holloman & G. Walter R. Holloman

18. Funeral director Salisbury Maryland

19. 3/1/46 19. 46 Registrar Harriet E. Johnson

(Date Recd. by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18-46 at 7:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1946 to day of death

and that I last saw him alive on 3-18-46 19.

Immediate cause of death Myocarditis (chronic).

Due to _____ DURATION 7

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions Fractured femur from fall 7 weeks ago.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Injured at work? _____

23. SIGNATURE Frank R. Lewis M.D.

Address Salisbury Md. Date signed 3-19-46

1011

RECEIVED

APR 15 1946

BUREAU V.S.

RECEIVED

APR 15 1946

BUREAU V.S.

RECEIVED

APR 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03070

Reg. Diat. No. 116-333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Penninsula General Hospital
How long in hospital or institution? 6 days

3. (a) FULL NAME

Marshall - Mr. Edward B.

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Dec 15-1877

8. AGE:

Years

Months

Days

If less than one day

68315

hrs.

min.

9. Birthplace

Vienna, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Major B Marshall

13. Birthplace

Doc Co.

14. Maiden name

Melina Conroyton

15. Birthplace

Ny.

16. Informant

John P. Marshall

Address

Mandella, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

April 2-1946
(month) (day) (year)

Cemetery or crematory

Family Burial Grounds

Location

Vienna, R 2nd

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md.

19.

(Date rec'd by registrar)

19

4/27/46

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

Vienna R 2nd
(If outside city or town limits, write RURAL and give nearest town)

Street No.

R 2nd
(If rural, give LOCATION)

2. (a) If veteran, name war

none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 30th 1946 at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/24 1946 to 3/30 1946

and that I last saw him/her alive on

3/29 1946

Immediate cause of death

Pulmonary Embolism

DURATION

5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Oliver F. Fisher

M. D. or other

Address

Salisbury, Md.

Date signed

3/30/46

RECEIVED

APR 23 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

03130

Reg. Dist. No. 327

FILM No. I O 1 APR 29 1946

1. PLACE OF DEATH

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

2D. DATE OF DEATH

March 6th 1946 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 2nd 1946 to March 5th 1946and that I last saw him alive on March 5th 1946

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month)

(day)

(year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Mar 8

(Date rec'd by registrar)

1946

R. Woolford Miller

Registrar

23. SIGNATURE

Address

Date signed

06100

STATE OF TEXAS

COUNTY OF DALLAS

FILE NO. 100-100000

ALL INFORMATION CONTAINED

Handwritten signature

APR 10 1946

RECEIVED

RECEIVED
APR 6 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 492

03071

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

110 Brooklyn ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 110 Brooklyn ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Alveta M Minton

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Malvin P. Minton7. Birth date of deceased (mo., day, yr.) May 7, 18956. (c) If alive, give age 52 years8. AGE: Years 50 Months 0 Days 0 If less than one day
..... hrs. min.9. Birthplace Salisbury, Wicomico co, Md
(Town, county, and state)10. Usual occupation at Home

11. Industry or business

12. Name Lina J. Davis13. Birthplace Wicomico co, Md14. Maiden name Anna Smith15. Birthplace Sussex co, Del16. Informant Malvin P. Minton JrAddress Salisbury, Md17. Burial Date thereof 31 18/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Parsons CemeteryLocation Salisbury, Md18. Funeral director The Wilkersons coAddress Salisbury, Md19. 3/18 1946 Registrar John H. Yeaman

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 15 1946 at 2 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10 1946 to March 15 1946and that I last saw her alive on March 15 1946

Immediate cause of death

Carcinoma of ovaries.

DURATION

7Due to Pulmonary Metastases7

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Yeaman M. D. or otherAddress 238 Charles Ave Date signed March 18, 1946Salisbury, Md.

RECEIVED
APR 15 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B12

03072

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Thiomeis
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:
709 Middle Boulevard
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Thiomeis
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 709 Middle Boulevard
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Carosso B. Mitchell

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife May R. Mitchell
 7. Birth date of deceased (mo., day, yr.) Dec. 22, 1874
 6.(c) If alive, give age 63 years

8. AGE: Years 71 Months 3 Days 9 It less than one day hrs. min.

9. Birthplace Thiomeis Co. Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Hardware Store

12. Name Charles B. Mitchell

13. Birthplace Thiomeis Co. Md.

14. Maiden name Justine Watkins

15. Birthplace Thiomeis Co. Md.

16. Informant Mrs. C. B. Mitchell

Address Salisbury, Md.

17. Burial Date thereof 4/3/46
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Pawnee

Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.

Address Salisbury, Md.

19. 4/3/46 Registrar Barry L. Johnson

(Date of registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1946 at 8:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1945 to March 31, 1946 and that I last saw him alive on March 31, 1946

Immediate cause of death

Cornary Thrombosis DURATION 2 days

Due to C.L. Valv Heart - 2 yrs

Due to Ch. Ins Nephritis 2 yrs

Other conditions Hypertension 6 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE Barry L. Johnson M. D. or other

Address Rehoboth, Del. Date signed 4/3/46

RECEIVED

APR 13 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age
of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1242)

03073

FILM No. I O 1 APR 1 - 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:

County..... Ticonderoga
City or town..... Mardela Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 14 months
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Ticonderoga
City or town..... Mardela Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Lee A. Morgan

3. (b) Social Security Number

4. Sex..... m 5. Color or race..... w 6. (a) Single, married, widowed, or divorced..... married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)..... March 29 1879

8. AGE: Years..... 66 Months..... 11 Days..... 24 If less than one day..... hrs..... min.....

9. Birthplace..... Sussex Co., Del.
(Town, county, and state)

10. Usual occupation..... mechanical work

11. Industry or business

12. Name..... unknown
13. Birthplace..... "

14. Maiden name..... unknown
15. Birthplace.....

16. Informant..... Mrs Essie Laws
Address..... Mardela, Md.

17. (Burial, cremation, or removal, which?)..... Burial Date thereof..... 3 24 - 1946
(month) (day) (year)

Cemetery or crematory..... P.O.O.F.

Location..... Laurel, Del

18. Funeral director..... Gregg Bros

Address..... Sharptown

19. (Date rec'd by registrar)..... 3/24/46 Registrar..... W.H. Robertson

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 22nd 1946 et..... 7.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... Feb. 1st 1946 to..... March 21st 1946
and that I last saw him..... alive on..... March 21st 1946

Immediate cause of death..... Cardioid of Liver

Due to.....

Due to.....

Other conditions..... arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... William E. Smith

M. D. or other

Address..... Helena Md Date signed..... March 23rd

RECEIVED
MAR 26 1946
BUREAU V E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181-22

03065

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County..... Wicomico
 City or town..... Salisbury
 (If outside city or town limits write RURAL and give nearest town)

How long in above place of death?..... 14 months

Hospital, institution, or street address where death occurred:
104 W. Locust St.

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... Wicomico

City or town..... Salisbury
 (If outside city or town limits write RURAL and give nearest town)

Street No. 104 W. Locust St.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Birdie R. Parker

3. (b) Social Security Number

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced.....

Female white Widowed

6. (b) Name of husband or wife..... William H. Parker

7. Birth date of deceased (mo., day, yr.)..... Aug, 21, 1877
 6. (c) If alive, give age..... years

8. AGE: Years..... 68 Months..... 6 Days..... 20
 If less than one day..... hrs. min.

9. Birthplace..... Parkersburg, Wicomico co, Md
 (Town, county, and state)

10. Usual occupation..... at home

11. Industry or business

12. Name..... James B. Truitt13. Birthplace..... Wicomico co, Md14. Maiden name..... Catherine Williams15. Birthplace..... Wicomico co, Md16. Informant..... Wallace A. ParkerAddress..... Salisbury, Md

17. Burial Date thereof..... 3/13/46
 (Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory..... Methodist Church cemeteryLocation..... Parkersburg, Md18. Funeral director..... The Hill & Johnson CoAddress..... Salisbury, Md19. 9/15 19 46 Registrar.....

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 13 19 46, at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 40 to March 13 19 46

and that I last saw him alive on 3-10-46 19 46

Immediate cause of death..... Cardiovascular renal
crisis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Lucy A. Smith
 M. D. or other

Address..... Salisbury, Md Date signed 3-13-46

RECEIVED
APR 15 1946
BUREAU V.K.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03074

Reg. Dist. No. 333

1. PLACE OF DEATH:

County..... WicomicoCity or town..... allen
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 83

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... WicomicoCity or town..... allen
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Shomol Francis Pelt

3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced.....

male col married6. (b) Name of husband or wife..... Virginia A. Pelt7. Birth date of deceased (mo., day, yr.)..... Apr 20, 1862

8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.

83 4 49. Birthplace..... allen Wicomico co md
(Town, county, and state)10. Usual occupation..... Carpenter

11. Industry or business

12. Name..... Mavis Pelt13. Birthplace..... Allen Wicomico co md14. Maiden name..... Rebecca Black15. Birthplace..... Farmland Wicomico co md16. Informant..... Chase MartinAddress..... Pennock on the College Md17. (Burial, cremation, or removal. Which?)..... burial Date thereof..... Mar 28, 1946
(month) (day) (year)Cemetery or crematory..... Friendship cemeteryLocation..... allen md18. Funeral director..... Chas H WardAddress..... Marion Sta md19. 3/8/65 19 46 Barry Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 3-24 19 46, at 8:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-7 19 46, to 3-24 19 46and that I last saw him alive on 3-24 19 46Immediate cause of death..... coronary arteryheart failureDue to..... arterioscleroticheart disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... E. F. Farnell M.D.

Address.....

Date signed.....

RECEIVED

APR 13 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 339

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 days
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Delmar
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 106 Pine
 (If rural, give LOCATION)
 2. (a) If veteran, name war -----

3. (a) FULL NAME

Charles Calvin Robertson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Jeanette Robertson
 6. (c) If alive, give age 40 years
 7. Birth date of deceased (mo., day, yr.) March 21, 1905
 8. AGE: Years 40 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Nanticoke, Md.
 (Town, county, and state)
 10. Usual occupation Service Station
 11. Industry or business Gasoline
 12. Name John S. Robertson
 13. Birthplace Wicomico County, Md.
 14. Maiden name Cora Mae Insley
 15. Birthplace Wicomico County, Md.

16. Informant Mrs Calvin Robertson
 Address Delmar, Delaware

17. Burial Mar 17, 1946
 (Burial, cremation, or removal? Which?) (month) (day) (year)
 Cemetery or crematory Mt Olive Methodist
 Location Delmar, Delaware

18. Funeral director W. S. Mansel Co
 Address Delmar, Delaware

19. 3/13, 19 46
 (Date filed by registrar) Registrar Robert H. Starn

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1946, at L P., M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar 4, 1946, to Mar 10, 1946,
 and that I last saw him alive on Mar 10, 1946.

Immediate cause of death Cardiac failure
Hypertensive Cardiovascular renal
disease
 DURATION 15 mo.
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Robert H. Starn M. D. or other _____
 Address Delmar, Delaware Date signed 3-11-46

STATE OF NEW YORK

IN SENATE

ARTICLE 1

SECTION 1

RECEIVED
APR 1 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

CERTIFICATE OF DEATH

03076

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wilcombs md
 City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 7 years
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wilcombs
 City or town Salisbury md no 3 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no (If rural, give LOCATION) no
 2.(a) if veteran, name war no

3. (a) FULL NAME

Sarah E Shackley

3. (b) Social Security Number

no

4. Sex female 5. Color or race a.a. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Alonzo Shackley
yes 6.(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) about 1888

8. AGE: Years about 57 Months — Days — If less than one day — hrs. — min.

9. Birthplace Pocomoke md (town, county, and state)

10. Usual occupation Housewife

11. Industry or business same as above

12. Name John Fisher

13. Birthplace v.a.

14. Maiden name Leah J. Fisher

15. Birthplace Pocomoke md

16. Informant Susan Wheaton
 Address Pocomoke md

17. Burial Date thereof Mar 16, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MT Zion

Location near Pocomoke md

18. Funeral director James J. Stewart
 Address Salisbury md

19. 3/16/46 Registrar Barrett Johnson
 (Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1946 8:50 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 1945 to March 1946

and that I last saw him alive on Feb 1946

Immediate cause of death Carcinoma of Uterus 2 yrs.

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE Phoebe R. Mann M. D. or other —

Address Salisbury md Date signed —

RECEIVED
APR 15 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3d)

CERTIFICATE OF DEATH

Reg. Dist. No. 03077 993

1. PLACE OF DEATH: -

County WisconsinCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yearsHospital, institution, or street address where death occurred:
611 N. Division St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WisconsinCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 611 N. Division St.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

William T. Sudler

3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Annie C. SudlerB. (c) If alive, give age ✓ years7. Birth date of deceased (mo., day, yr.) Nov. 13, 18478. AGE: Years 98 Months 4 Days 18 If less than one day hrs. min.9. Birthplace Somerset co. Md
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Thomas Sudler13. Birthplace Somerset co. Md14. Maiden name Ballie Jones15. Birthplace Somerset co. Md16. Informant Miss Elizabeth SudlerAddress Salisbury, Md17. Buried Date thereof 4/2/46
(Burial, cremation, or removal) Which (month) (day) (year)Cemetery or crematory St. Stephens cemeteryLocation Fairmount, Md18. Funeral director The Hall & Johnson CoAddress Salisbury, Md19. 4/2/46 1946
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1946 at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1 1946 to 3/31 1946and that I last saw him alive on 3/31 1946

Immediate cause of death

Ch. Myocarditis

DURATION

Week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. H. Hub

M. D. or other

Address Salisbury, Md Date signed 4/2/46

RECEIVED

APR 13 1946

STATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

03078

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County KicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 33 yearsHospital, institution, or street address where death occurred 120 W. Main St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County KicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 720 W. Main St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Ferdinand Teutner

3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widow

B. (b) Name of husband or wife

Margaret E Teutner6. (c) If alive, give age Dead years7. Birth date of deceased (mo., day, yr.) Sept. 28-18638. AGE: Years 82 Months 5 Days 20 If less than one day hr. min.9. Birthplace Baltimore Md.
(Town, county, and state)10. Usual occupation Cabinet Maker

11. Industry or business

12. Name William A. Teutner13. Birthplace Germany14. Maiden name Unknown15. Birthplace Germany16. Informant Mrs. George H. HopkinsAddress 307 North St. Salisbury Md.17. Burial Yes Date thereof March 21-46
(Burial, cremation, or reburial, Which?) (month) (day) (year)Cemetery or crematory Nico. Mem. ParkLocation Salisbury Maryland18. Funeral Director William H. Miller & SonAddress Salisbury Md.19. 3/21/46 Registrar Charles E. Johnson
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1946 at 10:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-7 1946 to 3-18 1946and that I last saw him alive on 3-18 1946Immediate cause of death CerebralApoplexy

DURATION

Due to Essential Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE E. A. Purcell M.D.

M. D. or other

Address 800 W. Main Date signed 3-18-46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 15 1946
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03079

Reg. Dist. No. 339

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

614 South Parks Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 614 South Drive
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Elizabeth B. Truitt

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife George W. Truitt6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) Aug. 22, 1874

8. AGE: Years Months Days If less than one day

7175

..... hrs. min.

9. Birthplace Powellville, Wicomico, Co., Md
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Adams Bethards13. Birthplace Wicomico, Co., Md14. Maiden name Isabell Burbage15. Birthplace Wicomico, Co., Md16. Informant Mr. George W. TruittAddress Salisbury, Md17. Burial Date thereof 3/29/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Parsons CemeteryLocation Salisbury, Md18. Funeral director The Hill & Johnson Co.Address Salisbury, Md19. 3/29 1946 Barrett E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 27, 1946 at 30P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1946 to day of death 1946
and that I last saw her alive on 3-27-46 1946Immediate cause of death Central Anoxia DURATION 2 weeks

Due to

Due to

Other conditions By extension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Frank A. Lewis M.D. M. D. of otherAddress Wellsburg, Md. Date signed 3-29-46

RECEIVED

APR 13 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

Camden Ave. Ext. Rural I

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. Camden Ave Rural I
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Cora E. Twilley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

B.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

March 3, 1883

8. AGE:

Years

Months

Days

If less than one day

6305

hrs.

min.

9. Birthplace Wicomico Co. Md

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name George H. Twilley13. Birthplace Wicomico Co. Md

MOTHER

14. Maiden name Rosa Richardson15. Birthplace Wicomico Co. Md16. Informant W.F. AllenAddress Salisbury, Md17. Burial
(Burial, cremation, or removal. Which?)Date thereof 3/11/46
(month) (day) (year)Cemetery or crematory Parsons CemeteryLocation Salisbury, Md18. Funeral director The Hill & Johnson Co.Address Salisbury, Md19. 3/11
(Date Reg'd by Registrar)19 4619 4619 4619 4619 4619 4619 4619 4619 4619 4619 4619 4619 4619 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1946 830p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1945 to Mar 8 1946
and that I last saw him alive on Mar 3 1946

Immediate cause of death

Carcinoma of the

DURATION

6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W.F. Allen
Address Salisbury, Md Date signed Mar 8 46

M. D. or other

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APR 1 1946
BUREAU VS

RECEIVED

APR 15 1946

BUREAU V.S.